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PATENT
Docket No.: 20959/2130 (P 63013)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) :	Moszner et al.)	Examiner:
)	Melba Bumgarner
Serial No. :	10/656,465)	
Cnfrm. No. :	8449)	Art Unit:
)	3732
Filed :	September 5, 2003)	
For :	DENTAL POLYMER FILM)	

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

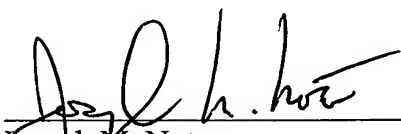
Dear Sir:

In response to the requirement for election of invention mailed February 2, 2005, applicants hereby provisionally elect, with traverse, the subject matter of Group I, claims 1-19 and 24, drawn to a dental polymer film. The restriction requirement between the inventions of Groups I and II is improper because the respective fields of search are closely related. Therefore, there would be no undue burden imposed by the examination of the claims of Group I together with the claims of Group II. Examination of all the claims of record is next in order, and such action is hereby earnestly solicited.

Respectfully submitted,

Date:

2/11/05



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Certificate of Mailing - 37 CFR 1.8(a)	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on the date below.	
<u>Feb 11, 2005</u> Date	<u>Ruth R. Smith</u> Ruth R. Smith



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/656,465	
	Filing Date	September 5, 2003	
	First Named Inventor	Moszner	
	Group Art Unit	3732	
	Examiner Name	Melba Bumgarner	
Total Number of Pages in This Submission	2	Attorney Docket Number	20959/2130 (P 63013)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$ _____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Check in the amount of \$ _____
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600	Registration No. 32,163
Signature		
Date	2/11/05	

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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Feb. 11, 2005
Date

Signature
Ruth R. Smith
Typed or printed name